Clearwater Care (Hackney) Limited

Florfield Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 25 and 26 July 2017 and was unannounced. The provider knew we would be returning for the subsequent day. Florfield Home provides accommodation and personal care for up to four people with physical and learning disabilities. There were four people using the service at the time of our inspection and each person had a room with an en-suite shower room. The service was in a new build block and there is not a garden at the service but it is located close to a park. The service was last inspected in June and July 2015 and was rated as Good. However, the service needed to make improvements to be safe. The written risk assessments needed to be clear and accurate to keep people safe from the risk of harm.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and were protected from the risk of potential abuse. Staff were knowledgeable about safeguarding procedures and knew what to do if they had concerns about the service. The staff were suitable to work in the caring profession and were recruited appropriately.

People were protected from risks to their health and wellbeing because risk assessments to guide staff were accurate and provided sufficient detail for staff to know how to manage specific risks.

Medicines were well managed and the service conducted regular audits of medicine administration.

There were enough staff to meet people's needs and they were suitable to work in the caring profession. Staff were trained to carry out their roles and newly appointed staff were supported in their role by a robust induction period. Staff developed caring relationships with people using the service and respected their diversity and dignity.

People were supported to get enough to eat and drink and people had access to healthcare professionals.

People and their relatives were involved in planning their care and care records included information about people's likes and dislikes and promoting their independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a positive and open culture at the service. People using the service and their relatives felt they could raise concerns if necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Risks to people's health and wellbeing were identified and detailed plans about how to manage the risk were completed.

People were kept safe from the risk of potential abuse.

Medicines were well managed.

There were enough staff to meet people's needs.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Florfield Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 July and 26 July 2017 and was unannounced. The provider knew we would be returning for the subsequent day. The inspection was conducted by one inspector.

Before the inspection we reviewed the information we held about the service and statutory notifications received. We spoke to the Local Authority safeguarding and contract monitoring teams to gather their views about the service.

During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We spoke with one person using the service. The other people using the service could not tell us about their experiences. We spoke with the team leader and two members of care staff. We made observations at the service. We looked at two people's care records, and three staff files, as well as records relating to the management of the service. Subsequent to the inspection we made a telephone call to one family member.

Good

Is the service safe?

Our findings

At the last inspection we made a recommendation in relation to protecting people from the risk of harm by writing clear assessments to formalise input from social care professionals where required.. At this inspection we found that the provider had made the necessary improvements to protect people. People were protected from risks to their health and wellbeing because staff were aware of the risks people faced and how to mitigate them. The relative we spoke to told us they thought risks to their family member were well managed stating. "[My family member] is not at risk." We saw a wide range of comprehensive and up-to-date risk assessments in people's care files such as those relating to nutrition, falls and moving and handling. More specific risks had been identified for each person and the associated risk assessments and care plans provided staff with clear and detailed guidance and direction on how the person should be supported. For example care plans for supporting people with epilepsy guided staff about how to support the person during seizures.

There were effective risk assessments to support people whose behaviour may challenge the service and we observed staff following these in a calm and respectful manner during the inspection. Environmental risks were well managed. The environment was odour free, clean and presentable. There was an up to date fire risk and legionella assessments with completed action plans and electrical installation and gas safety certificates. The fire log book showed fire alarms were tested and detailed evacuation plans were in place for people living in the home.

People were protected from the risk of potential abuse. People told us they felt safe when supported by care workers and knew who to contact if they had any concerns. We asked one person if they were happy at the home and they nodded and smiled. A relative felt their family member was safe and told us, "[my relative] seems happy and is safe." Staff had received training in safeguarding adults from abuse and had a good understanding of what may constitute abuse. Care staff were aware of their duty to report any concerns to their manager, "If there is an issue we pass it on to management. Report it to the manager and record it." The local authority safeguarding team and quality assurance and improvement team did not have any concerns about the service.

People were protected from the risk of poor practice because staff were supported to escalate concerns if needed. Staff were aware they could contact the local authority safeguarding team, the Care Quality Commission and the police if they felt the matter was not dealt with appropriately internally but told us this had not been necessary since our last inspection. Staff were guided by an appropriate safeguarding policy which was displayed in the home. One member of care staff told us, "I would follow the policy and if it isn't being dealt with we go to [our manager's] manager. And if nothing is done we go to the outside; the CQC and social services." The provider had a good understanding of their responsibilities in reporting allegations of abuse to the appropriate authorities.

There were enough staff to meet people's needs and the number of staff increased in line with people's needs such as when all people living at the service wanted to go into the community. Pictures of the staff on duty were displayed on a board at the service so that people and visitors knew who was there to support

people. A relative told us, "There is enough staff and at night as well."

A thorough recruitment system meant people were supported by staff who were suitable for work in the caring profession. We reviewed three staff files that contained criminal record checks, application forms, interview records, proof of their right to work in the UK, and two references.

Medicines were well managed. They were ordered, stored and returned safely. Care staff had received relevant training to safely administer medicines and completed medicine administration records we reviewed accurately. The appointed shift leader had sole responsibility for the administering medicines and a relative told us that medicines had always been correctly given to their family member. The provider audited the medicines on a weekly basis and a recent pharmacy assessment found no concerns.

Good

Is the service effective?

Our findings

Staff were trained to meet people's care and support needs. The provider kept a training schedule which demonstrated staff were equipped with the relevant knowledge to carry out their roles. New staff members underwent a robust induction to better understand how to support people. A relative told us, Yes, the new [staff member] started and takes [my relative] home to me and they did a very good job." We noted training requirements were identified and followed up during supervisions and spot checks.

Regular supervision sessions provided a good forum to discuss staff performance and areas where further development was needed. Praise was given for a job well done. Annual appraisals were up to date and covered a broad range of assessment topics.

People's rights were protected as staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were supported to live their lives in the way they chose. Staff supported people to make their own choices about their care where possible and otherwise involved advocates, family members and social care professionals in decisions about their care as appropriate. Staff were aware of how the MCA and DOLS affected their work. The provider had applied for DoLS authorisations as required in order to deprive people of their liberty in certain situations where this was in their best interests to keep them safe.

People were supported to eat and drink enough. A relative told us, "Oh yes, there is enough food for [my family member]." We observed that people were given choices about what they ate and were offered different meals if they changed their minds. A pictorial menu was displayed in the kitchen to show people what food was available and fruit, biscuits and drinks were readily available between meal times. Support required from care staff was detailed in care plans and we saw these plans were followed such as providing soft food. Staff had received positive feedback from a speech and language therapist following specialised training about how to support people to eat and drink enough. We noted that fluid and weight charts were completed where necessary.

People were supported to maintain their optimum health. There was evidence in people's care records that the provider worked collaboratively with healthcare professionals such as an epilepsy nurse and GPs. We noted that treatment plans provided by a multi-disciplinary team were embedded by the provider and we observed these being followed by care staff. Staff told us about how they monitored people for signs that they were becoming unwell and that they reported this to medical professionals involved in their care. People's care records we reviewed included contact details for their GP, physiotherapist, dentist and

optician meaning they could be quickly contacted if the need arose.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. A relative told us, "I've never caught [my family member] on bad form when [they] come to me [they are] always laughing. When [they're] going back [they are] not shouting and crying but happy to go back." Staff we spoke with had fostered a good relationship with the people living at the service and spoke warmly about them. One staff member discussed how they play games and use humour to develop a good rapport with people. We observed that staff members were polite and respectful to people throughout the inspection. Staff communicated with people by remaining at the same level as them with the appropriate use of touch and warm body language. We noted that people were often laughing and smiling and playing games with staff.

Staff supported people to express their views and involved them in day to day decisions about their daily lives and support. A relative told us staff knew how to communicate with their family member even though they did not communicate verbally. Care plans contained clear guidance about how to best support someone to share their views and we observed care staff putting this into practice and consistently telling people what they were going to do before they did it. Staff we spoke with gave examples of how they communicate with people such as being attentive to people's facial expressions when giving people choices.

People's diversity was respected and the provider supported people to maintain relationships. A staff member said, "We support people to make relationships. They've got friends from the groups they go to and they come to their birthday parties and we send invitations. They get invitations from the day centre." A display to promote privacy, person centred care, choice, respect and dignity was in the corridor of the home and dignity champions had been appointed. People were encouraged to be as independent as possible and this was captured in their care plans. We observed people being gently encouraged to undertake tasks themselves in line with this guidance.

People's privacy and dignity was promoted. A relative told us they were happy with the privacy afforded to their loved one when they were supported with personal care. Staff took action to ensure this privacy, "We close windows and doors during personal care. If the dentist comes we take them to the privacy of their own room. Aspects about people's end of life care such as burial and religious ceremonies were available in a pictorial end of life book in the care records we reviewed. People living at the service were not on end of life care but this information was collated appropriately and sensitively in advance.

Good

Is the service responsive?

Our findings

People's individual needs were appropriately assessed and met. People's care and support needs were written in care plans to ensure staff had appropriate information available to meet people's needs. The provider operated a key worker system so that each person was able to give input about their care where possible. Where appropriate, people's family had signed these records to demonstrate their input. A relative told us they were involved in planning their relative's care. Staff valued people's input about their care, "It wouldn't be person centred care if they weren't able to input as it would be up to us. So we make sure they can. The care plans are clear about how they want things to be done."

Care staff responded to people's changing needs by tailoring their support to them. Care records were written from the first person where appropriate and contained details of their personal preferences and circumstances. Changes in need were accurately recorded and communicated to staff in meetings. The relative we spoke with gave us examples of when they had been kept up to date with changes in their loved one's needs. Details in care records about how people wished to be supported were personalised and provided clear information to enable staff to provide appropriate and effective support. Staff were able to demonstrate that they knew the people they supported well.

People were supported to maintain their hobbies and interests. Relatives felt there were enough activities for their family member to attend in the community. People were supported to maintain their relationships with family members by facilitating visits where appropriate. On the first day of our inspection all the people living at the service attended a group in the community and records we reviewed demonstrated that people took part in activities such as music, bowling, swimming, massage and trips to pubs.

The provider gave opportunities for people to feedback about the service and any complaints received were managed effectively. We noted that people's views were sought during service user meetings. Minutes were created in pictorial form and the ways people expressed themselves were recorded to demonstrate whether they approved about what was happening at the home, such as clapping their hands. A relative told us they would be confident to raise a complaint if it was necessary and that this would be dealt with seriously though it had not been necessary to do so. They stated, "If I want to ask [the registered manager] a question she's always there on the phone for me." There was a suggestion box in the corridor at the service so visitors could share their views anonymously if they wished.

Good

Is the service well-led?

Our findings

There was an open and positive culture at the service. The registered manager was supported by an experienced team leader and senior care staff team. On each shift a leader was identified who had certain responsibilities such as medicines administration to ensure they went smoothly. Staff enjoyed their roles and morale was high. One staff member said, "It's one of the best homes I've ever worked in" And another told us, "It's a warm, friendly atmosphere with staff who demonstrate they care and go the extra mile to make sure the service users are fine. It's homely."

Staff spoke highly of the registered manager, felt supported in their roles and were able to make recommendations about improving service delivery, "I think we've got one of the best managers. Her door is always open. If you've got concerns you can raise them and she'll make sure she's doing it and things will change and we'll have a staff meeting." The relative we spoke with also found the registered manager approachable. They told us, "I do know who to talk to: the lady in charge. She's very nice." Staff stated they worked well as a team and communication was crucial in order to improve the care they delivered. The provider fostered this approach through effective handovers, team meetings and supervision sessions. We noted that recent incidents were discussed in these forums and any concerns staff had were addressed and acted upon immediately.

The service was organised in a way that promoted safe care through effective quality monitoring. A range of audits, such as, medicines and care plan audits were conducted and action plans produced to embed improvements. The provider sought feedback about the service from health and social care professionals as well as relatives through written surveys and developed action plans based on the responses. We noted feedback was overwhelmingly positive. The registered manager attended regular meetings with her managers about the running of the home and newsletters were drafted showing trends in the home. Accidents and incidents were recorded accurately and action taken to prevent them from reoccurring. We reviewed records of staff being observed in their roles and noted that constructive feedback had been given in order for them to learn and improve. We noted that staff were given employee of the month awards to reward good practice and to help motivate them.